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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Emerald Coast Olive O; 1 (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Lorraine Lechner		
(Name of Person)		
Emerale Coast Olive C (Finn/Company)	2013 DEC 19 PM 1: 42 SLUF DEC 19 PM 1: 42 FALL AHASSEE FLORIDA 224	
701 Pier Park Dr. (Address)	#/25 SEE FLOR	
Panama City Beach, Fc (City/State and Zip Code)	32 Y 13 5	
. For further information concerning this ma	atter, please call:	
Lorraine Lechnar (Name of Person)	at (850) 249-6570 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:Emerald_	Coast Olive Oil
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	701 fier Park Dr. #165 Penuma City Beach, FL 32413
November 15, 2012 3. Date of filing/registration in Florida	2 /2 000 /44 360 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Pagistared August	United States Como Aconte Tox
Registered Office Address:	13302 Winding Oak CT A Tampa FL 33612
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address \$25 \ \frac{\lambda}{\sigma} \ \lamb
NEW Registered Agent:	Lorraine Lechnon I III
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Hona City Beach FL 32413
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Lovaine Lechner (Printed or typed name of signee)	t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limited

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirmy that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)